

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
916/445-7046



October 30, 1981

ALL-COUNTY LETTER NO. 81-111

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: FOSTER CARE INFORMATION SYSTEM - PHASE I

All-County Letter No. 81-104, dated October 2, 1981, provided counties with procedures and instructions for implementing Phase I of the Foster Care Information System (FCIS). This is to provide funding information and claiming instructions for costs incurred during the month of November 1981 for the initial Phase I data collection activities.

Certain administrative costs directly identifiable in the month of November to Phase I of FCIS will be eligible for 100% reimbursement. These costs include: salaries and benefits of clerical staff manually completing the initial form (SOC 158F) during the month of November; the essential programming activities necessary to submit the information via tape input; and postage.

The Department of Social Services has \$48,333 available to reimburse county welfare departments for this initial data collection. For the thirteen Case Data counties and Los Angeles County, \$11,522 has been allocated to cover the estimated EDP and postage costs. The remaining \$36,811 has been allocated to the balance of counties based upon the number of children in foster care during May 1981.

Reimbursement for the Phase I data collection costs is limited to \$48,333. In order to insure that this amount is adequate to cover the necessary costs for all counties, you are requested to use clerical staff where appropriate and not authorize overtime unless absolutely essential.

The Social Services Time Study (DFA 46) and the Administrative Expense Claim will not be used for claiming reimbursement for Phase I. Instead, upon completion of this project, counties are to report their expenditures on a GEN 215 (attached) and identify such costs in Group VI, Extraneous, on their October-December 1981 Administrative Expense Claim. Documentation supporting these invoices is to be maintained in the counties for audit purposes. Staff costs must be supported by time records.

In addition to the GEN 215, counties are to complete, certify, and submit the attached form (FAM 27), Claim for Payment of Mandated Costs under Section 2231 of the Revenue and Taxation Code, to the Department of Social Services, 744 P Street, Mail Station 8-100, Sacramento, California 95814, no later than November 30, 1981. This form when forwarded to the State Controller's Office will constitute an intent to claim against the appropriation authorized by AB 3070. As the FCIS Phase II design and estimate has not been finalized, the State Controller's Office informed this Department that the term "INDETERMINATE" should be used in lieu of an actual costs estimate on lines 3a and 5 where appropriate.

If you have any questions on this phase, contact your fiscal consultant at 916/323-0270. All questions concerning the FCIS should be directed to the Family and Children Services Systems Bureau at 916/322-6333.

Sincerely,



FOR
CLAUDE E. FINN
Deputy Director
Administration

Attachments

cc: CWDA

FCIS - Phase I

FY 1981/82

Alameda	\$ 501	Placer	501
Alpine	--	Plumas	118
Amador	20	Riverside	3,822
Butte	944	Sacramento	4,034
Calaveras	138	San Benito	57
Colusa	28	San Bernardino	3,814
Contra Costa	501	San Diego	502
Del Norte	110	San Francisco	501
El Dorado	199	San Joaquin	2,401
Fresno	501	San Luis Obispo	501
Glenn	277	San Mateo	501
Humboldt	529	Santa Barbara	1,038
Imperial	411	Santa Clara	501
Inyo	56	Santa Cruz	501
Kern	2,760	Shasta	725
Kings	549	Sierra	37
Lake	118	Siskiyou	90
Lassen	81	Solano	501
Los Angeles	5,008	Sonoma	501
Madera	334	Stanislaus	1,571
Marin	765	Sutter	195
Mariposa	41	Tehama	179
Mendocino	513	Trinity	45
Merced	753	Tulare	501
Modoc	90	Tuolumne	204
Mono	12	Ventura	1,364
Monterey	1,046	Yolo	627
Napa	533	Yuba	248
Nevada	163		
Orange	5,772	TOTAL	\$48,333

STATE OF CALIFORNIA

Claim for payment of mandated
costs under Section 2231 of the
Revenue and Taxation Code

STATE CONTROLLER USE

REC'D CLAIM NO. C90- ☐ NEW ☐ UPDATE

Amount of Estimate

\$

Adjustment to Actual

\$

1. ENTITY SUBMITTING CLAIM:

ADDRESS

2. TYPE OF ENTITY

☐ COUNTY ☐ CITY ☐ SCHOOL DISTRICT ☒ SPECIAL DISTRICT

3a. ESTIMATED COST IN THE AMOUNT OF FOR FISCAL YEAR 198 - 8 3b. ADJUSTMENT TO ACTUAL COST IN THE AMOUNT OF FOR FISCAL YEAR 198 - 8 4. REASON FOR MANDATED COSTS:
NAME OF PROGRAM:

CHAPTER

STATUTES OF

1
2
3
4
5

19-
19-
19-
19-
19-

(File only one program per claim form)

5. CERTIFICATION OF CLAIM:

In accordance with the provisions of Section 2231, Revenue and Taxation Code, I certify that I am the person authorized by the local agency or school district to file claims with the State of California for costs mandated by said chapters; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there were no applications for nor any grants or payments received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of service of an existing program mandated by said chapters.

The amount of \$ is hereby claimed from the State for payment of the actual and/or estimated cost for the mandated program set forth on the attached statement.

Date Signature of
Authorized Representative

6. Mailing Address:

(Name of Entity)

(County)

(Street Address)

(City)

(Zip)

Type Name Title

7. Contact Person for Claim:

Name Telephone
Number

Submit three copies of claim form
and two copies of supporting data.

Instructions for Completing and Certifying the Claim Form

1. Enter the name and address of entity filing claim.
2. "X" in the box which appropriately identifies the entity.
- 3a. Enter the amount of "Estimated Cost" claimed for the current fiscal year.
- 3b. Enter the amount of "Adjustment to Actual Cost" for the prior fiscal year. This amount is the difference between the actual cost and the amount the Controller has paid on the estimated claim. The amount may be balance due or amount overpaid.
4. Under "Reasons for Mandated Costs", give general name of mandated program and the chapters involved.
Limit one program to a claim form.

Example:

Name of Program	Chapter	Statutes of
	1021	1973
Workers'	1022	1973
Compensation	1023	1973
	1017	1976

5. Read the statement of certification. If the statement is true, enter total amount claimed, date, sign, and type or print name of signature and title. Claims cannot be paid unless accompanied by a signed certification.
6. Enter mailing address for which payment and/or communications are to be sent. If different addresses are involved, please identify.
7. Enter the name of person and telephone number this office may contact if additional information is required.

MAILING ADDRESS FOR FILING CLAIMS

State Controller
Division of Accounting
P.O. BOX 1019
Sacramento, CA 95805

Please submit three copies of claim forms and two copies of supporting data.
File the claim postmarked on or before the deadline specified in the mandate.

CLAIM FOR REIMBURSEMENT -
DEMONSTRATION PROJECT

NAME AND ADDRESS OF CLAIMANT

CLAIMS AUDIT AND CONTROL
STATE DEPARTMENT OF SOCIAL SERVICES
744 P STREET MS 19-15
SACRAMENTO, CALIFORNIA 95814

PROJECT TITLE

FOSTER CARE INFORMATION SYSTEM PHASE I

CONTRACT NUMBER

☐

Progress claim, No. _____

☐

Final Claim

Covering Expenditures for the Period
through _____

CLASSIFICATION OF EXPENDITURES	(A) TOTAL COSTS TO DATE	(B) COSTS PREVIOUSLY CLAIMED	(C) NET AMOUNT THIS CLAIM
Salaries and Wages			
Employee Benefit Costs			
Travel Expenses			
Supplies, Materials, Communications, and Rental of Equipment			
Equipment Purchase			
Rental of Office Space			
Alterations and Improvements			
Services of Other Governmental Agencies			
Others			
TOTAL ALL CLASSES			

I CERTIFY, that I am a duly appointed, qualified and acting officer of the herein-named claimant; that the costs being claimed herein are in all respects true, correct and in accordance with the contract provisions; that the funds were expended or obligated during the grant period; and that the net amount claimed above has not been previously presented to or reimbursed through the Department of Social Services.

SUBMITTED BY (WELFARE DIRECTOR OR PROJECT DIRECTOR) NAME

TITLE

SIGNATURE

DATE CLAIM PRESENTED

DSS ACCOUNTING USE ONLY

TOTAL BUDGET	PRIOR CLAIMS	BALANCE	AUTHORIZED FOR THIS CLAIM
\$	\$	\$	\$

**CLAIMING INSTRUCTIONS FOR COSTS OF DEMONSTRATION PROJECTS
(WELFARE & INSTITUTIONS CODE, SECTIONS 18200 — 18204)**

In order that the maximum reimbursement available be provided to agencies or organizations for costs of special projects, claims for reimbursement of such costs and the reporting of expenditures will be made in the following manner:

All reimbursable costs related to the project will be reported to the Department of Social Services on this form, Claim for Reimbursement (in quadruplicate), and will be segregated into the classes as specified. Separate claims will be made for each project and claim period. Expenditures are defined as follows:

Salaries and Wages: Salary and wage costs for employees' time spent on the project.

Employee Benefit Costs: The agency's share of costs of employee benefit plans paid for employees spending time on the project. Include costs for such plans as workmen's compensation insurance, unemployment insurance, health and hospital insurance, old age and survivors insurance and other retirement plans.

Travel Expenses: Include agency costs for transportation, meals, lodging and incidental travel costs incurred in the performance of duties necessary to the project.

Supplies, Materials, Communications and Rental of Equipment: Include costs to the agency for general office supplies, telephone, telegraph, postage, printing, maintenance and repair of purchased equipment; heat, light, power, water, maintenance and repair of office space; janitorial supplies and services; and any other such items incidental to the operation of the project.

Equipment Purchase: Cost of equipment purchased for use in the project (including purchases on a rental purchase contract).

Rental of Office Space: Rental cost of space occupied in the operation of the project.

Alterations and Improvements: Include costs of alterations or repairs of an extensive nature involving substantial structural changes or replacements necessary for the proper and efficient administration of the project. Do not include normal maintenance or upkeep charges.

Services of Other Governmental Agencies: Whenever a governmental agency operating an authorized project finds it necessary to obtain services from other governmental agencies to complete operations of the project for which the original agency has responsibility, the cost of such services are recognized as project costs. In such cases, costs must be determined through the counties' approved A-87 plan.

Others: Include any approved costs identifiable to the operation of the project which are not included in the above classifications.

Total project costs expended to date will be reported in Column A.

Amount of expenditures previously claimed for reimbursement will be reported in Column B.

County Welfare Departments: Project* costs not reimbursable from project funds will be included in the regular Administrative Expenditures Claim and will be subject to federal and/or state reimbursement in the same manner as other administrative expenditures of county welfare departments.

Current project costs reimbursable from project funds will be reported in Column C. The amounts in Column C are equal to Column A minus Column B.

Records identifying costs claimed shall be maintained on file in the county for three years or until notification of completion of audits for the applicable period is received from the State Department of Health, whichever is earliest.